

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4		1				
5		2				
6		2				
7	1	2				
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TOTAL IND.	2					
TOTAL DEP.	5					
TOTAL	7					

	IND	DEP	IND	DEP	IND	DEP
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